3235-0076

May 31, 2005 Expires:

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OMB Number:

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Washington, D.C. 20549 FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED

	7 117 76.57					
Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Series E Preferred Stock Financing, issuance of Common Stock Warrant and issuance of Common Stock.						
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE					
Type of Filing: New Filing 🛛 Amendment						
A. BASIC IDENTIFICATION DATA						
I. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)						
Broncus Technologies, Inc.						
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
1400 N. Shoreline Blvd., #A-8, Moutain View, CA 94043	(650) 428-1600					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)					
Same as above.	Same as above.					
Brief Description of Business						
Medical Research.	1.00 H 5 2004					
Type of Business Organization	7.0.					
corporation limited partnership, already formed o	ther (please specify):					
☐ business trust ☐ limited partnership, to be formed	ENANCIAI					
Month Year	71 13 W 10 10 10 10 10 10 10 10 10 10 10 10 10					
Actual or Estimated Date of Incorporation or Organization: 0 2 9 7	Actual Estimated					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:						
CN for Canada; FN for other foreign jurisdiction)	A					
	 					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	FICATION DATA							
Each promoter of theEach beneficial own	 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; 									
		corporate issuers and of co partnership issuers.	rporate general and manag	ing partners of par	tnership issuers; and					
Check Box(es) that										
Full Name (Last name first, if individual) Laufer, Michael D., M.D.										
Business or Residence Addre	•	reet, City, State, Zip Code) Real, #211, Menlo Park								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, in Sheetz, Ned	findividual)	······································								
Business or Residence Addre		reet, City, State, Zip Code) Spear Street, Suite 1600		5						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, in French, Glendon I										
Business or Residence Address 1340 Space Park	•	•								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, i Fitzsimmons, Jam										
Business or Residence Addre c/o Archus Ortho		reet, City, State, Zip Code) 54 th Ave. N.E., Redmond								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, i	f individual)									
Business or Residence Addre 1400 N. Shoreline	•	rect, City, State, Zip Code) ntain View, CA 94043								
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner					
Full Name (Last name first, i Merz, Beat, Dr.	f individual)									
Business or Residence Addre c/o HBM BioCapi		reet, City, State, Zip Code) 2 SMB, Eucalyptus Bldg		man, Cayman Isla	and					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, i Rondinone, Josep	•									
Business or Residence Addre 1400 N. Shoreline		reet, City, State, Zip Code; ntain View, CA 94043								
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	(Use Diank	sheet, or copy and use add	muonai copies of this shee	as necessary.)						

		A. BASIC IDENT	IFICATION DATA				
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 							
 Each executive office Each general and m 			rporate general and manag	ing partners of pai	rtnership issuers; and		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if Bagade, Sanjay	individual)						
Business or Residence Address 1400 N. Shoreline	•	reet, City, State, Zip Code) ntain View, CA 94043					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if Loomas, Bryan E.	individual)						
Business or Residence Address 1400 N. Shoreline		reet, City, State, Zip Code) ntain View, CA 94043					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if Menlo Ventures E	•						
Business or Residence Address 3000 Sand Hill Ros	•	reet, City, State, Zip Code) 100, Menlo Park, CA 940					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if Boston Scientific C							
Business or Residence Addre 1 Boston Scientific	•	. •)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if HMB BioCapital	individual)						
Business or Residence Addre P.O. Box 30852 SM	•	reet, City, State, Zip Code ldg., Crewe Rd., Grand (
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if	individual)						
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)				
	(Use blank :	sheet, or copy and use add	ditional copies of this shee	et, as necessary.)			

					I	3. INFOR	MATION.	ABOUT O	FFERING					
1	I I aa ti			o the issue	an intend t			d investors	in this offer	i0			Yes	No ⊠
						L								
Answer also in Appendix, Column 2, if filing under ULOE.														
2. What is the minimum investment that will be accepted from any individual?														
3.	Does	the offerin	ng permit j	oint owne	rship of a	single unit	?				•••••	*******	Yes	°N □
4.	Enter	the infor	mation rec	quested fo	or each pe	erson who	has been	or will be	paid or giv	en, directly	or indirectly	, any		
	a pers	son to be	listed is an name of the	i associate e broker o	ed person o or dealer.	or agent of If more th	a broker or an five (5)	dealer regi	stered with be listed ar	the SEC and	in the offeri d/or with a si persons of s	ate or		
		(Last nan Bosland	ne first, if i	ndividual)									
Busi	ness o	r Residen	ce Address	Number	and Stree	t. City. Sta	te, Zip Cod	e)						
			, Red Ban	•		., O.I., O.I.	.u, 21p 00u	,						
Nam	e of A	ssociated	Broker or	Dealer										
Rock	port	Venture S	Securities,	Inc.										
							icit Purchas							
(C	heck	"All States	s" or check	individua	al States)	Solicitation	n was to fo	reign invest	tors				☐ A!	II States
[A]	L]	[AK]	[AZ]	[AR]	[CA]	{CO}	[CT]	{DE}	[DC]	[FL]	[GA]	[HI]	[ID	-}
[11]	.]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[IM]	[MN]	[MS]	[M()]
[M	T]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P A	1]
[R	IJ	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[P F	l]
Full N/A	Name	(Last nan	ne first, if i	ndividual)							· · · · · · · · · · · · · · · · · · ·		
	ness o	r Residen	ce Address	s (Number	and Stree	t, City, Sta	te, Zip Cod	e)						
N/			Daylon	Deales	·									
Nam	e ot p	Associated	Broker or	Dealer										
State	s in V	Which Per	son Listed	Has Solic	ited or Int	ends to Sol	icit Purchas	sers						
(C	heck	"All State	s" or check	c individu	al States).	•••••				· · · · · · · · · · · · · · · · · · ·	·····			II States
[A	L]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	{HI}	[ID]
[11	-]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	0]
[M	T]	[NE]	[NV]	[HH]	[[1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	Į P A	A]
[R	1]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[P I	?]
Full	Name	(Last nar	ne first, if	individual)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
N/A				_										
Busi	ness (or Residen	ce Addres	s (Number	r and Stree	t, City, Sta	te, Zip Cod	e)						
Nam	e of A	Associated	Broker or	Dealer										
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										•••••			ПА	ll States
(A)		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]		
[1]	-	[IN]	[AZ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[FL] [MI]	[GA] [MN]	[MS]	[IE	
[M		[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P	
[R		[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(P)	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ -0-	\$ -0-
	Equity	\$16,090,001.21	\$15,750,001.41
	☑ Common ☑ Preferred		
	Convertible Securities (including warrants)	\$See above	\$See above
	Partnership Interests	\$N/A	\$N/A
	Other (Specify)	\$ <u>N/A</u>	\$ <u>N/A</u>
	Total	\$16,090,001.21	\$15,750,001.41
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	31	\$15,750,001.41
	Non-accredited Investors	-0 -	\$ -0-
	Total (for filings under Rule 504 only)	N/A	\$N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$N/A
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$N/A
	Total	N/A	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	[□ \$ <u>-</u> 0-
	Printing and Engraving Costs		\$-0-
	Legal Fees	1	X STo be determined
	Accounting Fees		□ \$ <u>-0-</u>
	Engineering Fees		\$-0-
	Sales Commissions (specify finder's fees separately)		\$-0-
	Other Expenses (Finder's Fee)		\$390,000.00
	- .	1	

_	C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXPENSES A	ND USE OF PRO	CEEDS
	b. Enter the difference between the aggregation, I and total expenses furnished in remadjusted gross proceeds to the issuer."	ate offering price given in response to Part C - sponse to Part C - Question 4.a. This differen	ce is the	\$ 15,700,001.21
5.	Indicate below the amount of the adjusted used for each of the purposes shown. If the estimate and check the box to the left of the the adjusted gross proceeds to the issuer set for the state of the s			
			Payme Officer Directo Affilial	rs, ors, & Payments To
	Salaries and fees		□ \$-0-	\$-0
	Purchase of real estate			
	Purchase, rental or leasing and installati	on of machinery and equipment	S-0-	□ \$-0-
	Construction or leasing of plant building	gs and facilities	S-0-	□ \$-0-
	Acquisition of other business (including offering that may be used in exchange for issuer pursuant to a merger)	the value of securities involved in this or the assets or securities of another	S-0-	\$- 0
	Repayment of indebtedness		S-0-	☐ \$-0-
	Working capital		☐ \$-0-	⊠ \$15,700,001.21
	Other (specify):			
			□ \$ <u>-0-</u>	<u> </u>
	Column Totals		□ \$ <u>-0-</u>	<u></u>
	Total Payments Listed (column totals ac	ided)	-0-	⊠ \$15,700,001.21
		D. FEDERAL SIGNATURE		
fol	c issuer has duly caused this notice to be sig lowing signature constitutes an undertaking by staff, the information furnished by the issuer to	the issuer to furnish to the U.S. Securities and	i Exchange Commi	ssion, upon written request of
Iss	uer (Print or Type)	Signature	Date	
Br	oncus Technologies, Inc.	7/6	October 2	4,2004
Na	me or Signer (Print or Type)	Title of Signer (Print or Type)	· · · · · · · · · · · · · · · · · · ·	
Ca	ry Cole	President		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)